

CERTIFICATE OF MAILING

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TOWNSEND and TOWNSEND and CREW LLP

By:

Lois M. Simón

AF/1641  
ER

AMENDMENT UNDER 37 CFR 1.116  
EXPEDITED PROCEDURE –  
EXAMINING GROUP 1641

PATENT

Attorney Docket No.: 02558B-063100US

Client Ref. No.: BRP00064

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Michael I. Watkins et al.

Application No.: 09/548,883

Filed: April 13, 2000

For: MULTI-ANALYTE DIAGNOSTIC  
TEST FOR THYROID DISORDERS

Customer No.: 20350

Confirmation No. 7641

Examiner: Gabel, G.

Technology Center/Art Unit: 1641

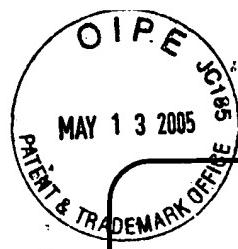
RESPONSE UNDER 37 CFR 1.116  
EXPEDITED PROCEDURE EXAMINING  
GROUP 1641

**Mail Stop AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed April 28, 2005 on the above-referenced application, please enter the following remarks:

**Remarks/Arguments begin on page 2 of this paper.**



MAY 13 2005

PTO/SB/21 (09-04)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

8

Application Number	09/548,883
Filing Date	April 13, 2000
First Named Inventor	Watkins, Michael I.
Art Unit	1641
Examiner Name	Gabel, G.
Total Number of Pages in This Submission	8
Attorney Docket Number	02558B-063100US

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Return Postcard <p>Copy of April 29, 2005 Transmittal Form, Amendment and Return Postcard</p>
<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Grew LLP		
Signature			
Printed name	Joel G. Ackerman		
Date	May 11, 2005	Reg. No.	24,307

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Signature			
Typed or printed name	Lois M. Simón	Date	May 11, 2005